

#### **Children's Dental Services**

#### **Preventive Services**

	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	
Cleanings	Х			2 x year		
Fluoride treatments (including fluoride varnishes)	Х			2 x year	0-18, PROVISION BY HYGEINEST MUST BE UNDER SUPERVISION OF DENTIST	
Sealants (list any tooth-specific limits)	Х			l .	AGE 5 TO AGE 13 - COVERED ONLY FOR TEETH (02,03,14,15,18,19,30,31) LIMIT ONE PER TOOTH PER LIFETIME	
Space maintainers	Х			1 x lifetime		

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### **Diagnostic Services**

	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year		1
X-Rays						
Bitewing	Х			2 x year		
Full Mouth	Х			1 x every 3 years		
Panoramic	Х			1 x every 2 years		

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#### **Treatment Services**

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings						
Silver amalgam	Х					
Tooth colored composite	Х					
Crowns/tooth caps				-		
Stainless steel crowns	X					
Metal (only) crowns	Х					
Metal/porcelain crowns	Х					
Porcelain (only) crowns	Х					
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	Х					
Gum (periodontal) therapy						
			Х			

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Is the service Covered?		ed?			
Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Х				Denture coverage for closure of space created by the removal of a hesian or due to congential defects	
Χ					
Х					
Х				Orthodontics coverage with CRS evaluation. List of criteria on page 8 of chapter 13 in the Provider Manual.	
Х					
Х					
Х					
Х					
Χ					
Х					
	X X X X X X X X	Yes Only with prior authorization  X  X  X  X  X  X  X  X  X  X  X  X  X	Yes Only with prior authorization  X  X  X  X  X  X  X  X  X  X  X  X  X	Yes Only with prior authorization  X  X  X  X  X  X  X  X  X  X  X  X  X	Yes         Only with prior authorization         No prior authorization         Frequency         List any service-specific limitations           X         Denture coverage for closure of space created by the removal of a hesian or due to congential defects           X         X           X         Orthodontics coverage with CRS evaluation. List of criteria on page 8 of chapter 13 in the Provider Manual.           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X           X         X

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	ls th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of fractures	Х					
Biopsies	Х					
Treatment of jaw joint problems (TMJ	)					
			Х			
Emergency room services provided b	y a dentist					
	Х				TREATMENT OF NATURAL TEETH	ACCIDENTAL INJURY; ILLNESS
Inpatient Hospital Services						
	X					
Anesthesia						
General anesthesia	X					
Intravenous conscious sedation	X					
Non-intravenous conscious sedation			Х			
Analgesia (nitrous oxide)	Х					DOCUMENTATI ON OF MEDICAL NECESSITY

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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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